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CONFIRMATION NO. 6844

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|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/211,553 06/14/2000  
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 and claims benefit of 60/286,483 04/26/2001  
 and claims benefit of 60/232,036 09/12/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 08/11/2001**

|   |                           |                         |                       |                            |
|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR<br>COUNTRY<br>MN | SHEETS<br>DRAWING<br>12 | TOTAL<br>CLAIMS<br>28 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                           |                         |                       |                            |
| Verified and<br>Acknowledged  | Examiner's Signature      | Initials                |                       |                            |

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